

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FCY TO-875)

SERIAL NO. **10 / 516469** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18	1	1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26	1					
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33	1					
34		1				
35		1				
36		2				
37		2				
38		1				
39		1				
40		1				
41		2				
42		2				
43		1				
44		1				
45		1				
46		1				
47	1					
48		1				
49		1				
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↖		↖		↖
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55	1					
56		1				
57		2				
58		1				
59		1				
60		1				
61	1					
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		2				
70		1				
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	70	↖		↖		↖
TOTAL CLAIMS	76					